

# ***Governance Committee***

***5/7/2012***

Chair: Marc Babitz

Present: Marc Babitz, Bob Rolfs for Teresa Garrett, David Patton, Lloyd Berentzen for Lewis Garrett, Gary Edwards. Dave Cunningham excused.

## **1. Move to approve the minutes: Bob Rolfs**

- a. 2<sup>nd</sup> : Gary Edwards
- b. Vote yes: Marc Babitz, Bob Rolfs, David Patton, Lloyd Berentzen, Gary Edwards

## **2. MCH Nan Streeter**

- a. New guidance was released on March 16<sup>th</sup>. The guidance was sent out to the Governance Committee on March 21<sup>st</sup>.
  - i. There were few changes made to the guidance. This guidance will take us through Jan 2015. This allows six months to complete the Needs Assessment.
- b. Last week Teresa Garrett and Kathy Froerer presented a webinar regarding the pilot project regarding Governance Grant planning.
- c. Nan Streeter emailed all 12 LHOs on April 4<sup>th</sup>. Six LHOs responded with an appointee, one LHO said no and five did not respond.
  - i. LHOs on the committee: Todd Barson, Myron Bateman, Susan Hildebrand, Sally Kershnik, Carolyn Rose, Audrey Stevenson, Gary Edwards to co-chair the committee
- d. The MCH Workgroup plans to convene a meeting with the LHD representatives and other required stakeholders to get input into the plan for the National and State Performance Measures for FY13.
- e. The MCH workgroup has the same questions about the grant that the Governance Committee brought up at their January 2012 meeting.
- f. The budget for this grant will remain the same.
- g. Question: Bob – Is there a fair bit of discretion in how the funding is allocated even after the budget has been decided? Nan – Yes, because we don't have to be specific in the budget. We are not necessarily tied to what exists now. There is nothing in the guidance that determines allocation other than the 30% for the Children with Special Health Care Needs and 30% for Children.

## **3. Perinatal Hepatitis B**

- a. Two goals
  - i. Reviewed SOP for the new perinatal case management section in UT-NEDSS
  - ii. Planned training for LHD Perinatal Coordinators statewide
- b. The FOA has 4 required goals:
  - i. Identification of HBsAg-positive pregnant women.
  - ii. Assure newborn prophylaxis of Hepatitis B first dose and HBIG administration.
  - iii. Assure timely completion of Hepatitis B doses two and three.
  - iv. Assure post-vaccination completion of infant serology testing.
    - 1. The Perinatal Hepatitis B workgroup reviewed each of the four sections and developed performance measures for each section.

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- c. Contractual Requirements for Case Management
  - i. The current C5 Immunization contract section for perinatal was approved by Governance in 2010. The contract language will remain the same but with one addition to all perinatal cases to be entered in to UT-NEDSS with full documentation to final disposition.
- d. Funding: small changes to the formula which will be determined by CDC prevalence data. In UT the prevalence rate is between 105 and 153 cases.
  - i. The Perinatal Hepatitis B workgroup chose the formula based on the prevalence rate. A base of \$1,500 will be given to each LHD with \$0.50 for each birth case that is calculated out of the prevalence rate.
    - 1. Prevalence: The workgroup did a time study in Davis, Bear River and Utah counties and found that it takes about 10-12 hours over 15 to 24 months to follow a mother w/ a Hepatitis B baby.
    - 2. This included contacts, but this grant cycle will not be following contacts.
    - 3. There are three LHDs that end up with a zero prevalence rate: Wasatch, Summit and Southeast but they will still receive the base.
    - 4. The slight shifts in funding go to Salt Lake and Utah counties providing for the greater numbers that are there.
- e. Motion to approve the report with commendation on a job well done: Lloyd Berentzen
- f. 2<sup>nd</sup> : David Patton
- g. Vote Yes: Marc Babitz, Bob Rolfs, David Patton, Lloyd Berentzen, Gary Edwards

## **4. Categorical grants**

- a. Nan Streeter had talked with Governance staff about the possibility of pre-screening the categorical grants to determine roles and responsibilities so the workgroup that is put together can be improved. The Perinatal Hepatitis B workgroup worked well because of the people that were involved. It worked because we had the right people and we used the right people affectively. If there is a way to pre-screen some of the larger grants so you get the right set of people sitting on what needs to be addressed. Nan didn't feel rushed because the workgroup was set up ahead of time.
- b. Bob said the key to this setup is that those involved in the workgroup should have the trust and the blessing of their LHO. Question: There are two different items you are asking. One is having the people on the workgroup who understand the grant. Second it only focusing on the parts of the grant that you need to focus on, that have a local role.

## **5. Minority Health Grant: Dulce Diez**

- a. This grant is funded by Health and Human Services. The funding received for this award is \$130,000/year.
- b. The cycle for this grant is September 1, 2010 – August 31, 2013.
  - i. This is the 2<sup>nd</sup> year of the grant cycle.
- c. This was expedited at our last meeting and requested by the committee to come back before any funding is spent.
- d. If there is activity in a local area, please be sure to notify the local health department they are in the area.

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- e. The Office of Minority Health offers to support the infrastructure for the State office of Minority Health, provide a foundation for improving health outcomes and achieving health equity. This is the RFP of the grant.
  - i. We are currently working on six strategies. We involve all LHDs participating in the activities that we do.
  - ii. Currently funding four community-based organizations.
  - iii. There are three advisory boards targeting three health disparities: Birth outcomes/infant mortality in African-Americans/Pacific-Islanders, Access to Health Care for Hispanic-Latinos/Pacific-Islanders/African-Americans, Obesity for Hispanic-Latinos/African-Americans/Pacific-Islanders. There are representatives from Salt Lake and Utah counties on these advisory boards.
  - iv. They do a conference every year if there is adequate funding. If not, it is every two years. The last conference was held August 2011.
- f. Budget:
  - i. \$30,000 goes to Community-based organizations
  - ii. Most of the funding goes in-state travel/mileage for visiting different clinics in community based organizations and local health departments.
  - iii. \$5,000 goes to the conference held each year.
  - iv. Remaining funding goes to Outreach activities.
    - 1. Question: Bob – Would any of these activities be Medicaid matchable if you use the state funding to pay for it? Dulce – Could be, but we are not using state funding we are using federal funding. That is something we can discuss.
- g. Most of the work they do is in Salt Lake, Summit, Davis and Tooele counties.
  - 1. Motion to accept the report and budget as presented: Lloyd Berentzen
  - 2. 2<sup>nd</sup> :Bob Rolfs
  - 3. Vote Yes: Marc Babitz, Bob Rolfs, David Patton, Lloyd Berentzen, Gary Edwards

## **6. Grants:**

- a. Influenza Population-based hospitalization /surveillance Project: Rachelle Boulton (***Gary Edwards declares a conflict of interest***)
  - i. We have participated in this grant for 2 years. This will be the 3<sup>rd</sup> year.
  - ii. Project is designed to take a population and do surveillance for influenza hospitalizations within that population.
  - iii. It is done only in SL County because they are the only ones who have expressed interest.
    - 1. All of the active work is done at the LHD level.
    - 2. They work with about 10 other sites that do similar studies in other states.
    - 3. UT County is interested in participating. Rochelle is waiting to hear back from Utah County regarding what type of participation they want to have.
  - iv. Budget request for this year is \$145,000.00 which is up from \$100,000.00.

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1. Majority of the funding goes to the LHD. They are responsible for working with the hospitals to identify the cases and gather information. They will also manage the cases.
2. Funding goes to the state lab to cover costs. Last year they received approximately \$6,000. Funding to the lab will be increased if the \$145,000 is approved.
3. State Epidemiology last year received approximately \$10,000.
  - a. The State is primarily an administrator of this grant.
- v. Question: Lloyd & Gary – What are the deliverables that are going to CDC?  
Rochelle – We enter data into an access database and send that to CDC where they compile it with all of the other access data. That contains a very detailed case history information; a lot more than we collect statewide for influenza hospitalizations. It also contains medical record information like ICD-9, discharge codes, and additional information on other specimens. We are also trying to understand testing practices across hospitals.
- vi. Motion to approve the grant and budget as presented: Bob Rolfs
- vii. 2<sup>nd</sup> :Lloyd Berentzen
- viii. Vote Yes: Marc Babitz, Bob Rolfs, David Patton, Lloyd Berentzen, Gary Edwards
- b. Epidemiology and Laboratory Capacity for Infectious Diseases (ELC): Kristina Russell
  - i. Renewal of the affordable care act funding. This is the 3<sup>rd</sup> year of the grant. Most of the funding is requested for infrastructure at UDOH and continuing projects that we have started.
  - ii. Budget: 1,677,822

|                          |         |     |
|--------------------------|---------|-----|
| 1. UDOH Epidemiology     | 704,962 | 42% |
| 2. Outside contractors * | 729,695 | 43% |
| 3. LHDs                  | 159,000 | 9%  |
| 4. USL: PH               | 84,165  | 5%  |
  - iii. Question: Gary – In light of what has happened is any of the data that is going to them does it have any identifiers on it? Are we confident that they are going to protect it? Do you foresee any problems? Jennifer – They are confident. Bob - We are going to through a process to re-evaluate the security of all the data that is hosted by DTS.
  - iv. Motion to approve: Gary Edwards
  - v. 2<sup>nd</sup> :Bob Rolfs
  - vi. Vote Yes: Marc Babitz, Bob Rolfs, David Patton, Lloyd Berentzen, Gary Edwards

## **Agenda May 21<sup>st</sup>:**

1. Grants that come up

## **Agenda June 4<sup>th</sup>:**

1. Letter of support for grants
2. Check the recording 9/20/2010 if we have one.